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Substitute for form 1449/PTO		Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)		Application Number	10/781,177-Conf. #1815
		Filing Date	February 18, 2004
		First Named Inventor	Rafail Zubok
		Art Unit	3733
		Examiner Name	N. W. Woodall
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		Attorney Docket Number	SPINE 3.0-455 CIP CONT I

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Examiner Initials*	Cite No.*	Document Number Number+Gnd Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Signature	Date Considered
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		Attorney Docket Number	SPINE 3.0-455 CIP CONT I

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		Country Code‡-Number§-Kind Code¶ (if known)	Publication Date MM-DD-YYYY		
	BA	WO-2004/026186-A1	04-01-2004	Mathys Medizinaltechnik AG	
	BB	WO-2004/019828-A1	03-11-2004	Mathys Medizinaltechnik AG	

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